
Education Committee

HB 2622

Brief Description: Improving K-12 preparedness and performance through promoting better oral health.

Sponsors: Representatives Quall, Talcott, Anderson, Haigh, Rockefeller, Schmidt, Ogden, Lantz and Esser.

Hearing Date: 2/5/02

Staff: Susan Morrissey (786-7111).

Background:

According to a 2000 report by the United States Surgeon General, dental disease is the most common chronic childhood disease in this country. Most forms of the disease are preventable, especially early childhood dental disease commonly called baby bottle tooth decay. When children have poor oral health and decay is undiagnosed and untreated, the result can be serious, painful, and expensive.

Increasing access to oral health care for children is one way of reducing the incidence of dental disease. One way of improving access is to offer opportunities in a variety of medical settings, since children who never visit dental offices are still likely to see physicians and other health care providers.

Summary of Bill:

The Office of Superintendent of Public Instruction, the Department of Health and the Department of Social and Health Services (DSHS) are encouraged to work collaboratively to develop a plan that promotes age appropriate oral health screening and preventive services to children before entering school. The plan should include dental screening and services for children at ages one and five.

DSHS is encouraged to design and implement a training program for primary care providers on preventive oral health care. The training sessions should take place at least once a year or at other appropriate intervals for counties with a lower number of physicians. The training should complement existing mandates for oral health exams in public programs and be consistent with existing reimbursement for fluoride applications given by primary care providers. Participating physicians should receive continuing education credits for

completion of the training.

The Department of Health is encouraged to develop methods for promoting the use of oral health coordinators in local health jurisdictions that lack coordinators.

Appropriation: None.

Fiscal Note: Requested on 2/4/02.

Effective Date: Ninety days after adjournment of session in which bill is passed.